Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license

ļ	SQ	ANNED
4	u	09
		DATE

Application # 08 500 19 77

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades Pe

	Owner's Name: Stancil Builders Inc	Det		
	Site Address: 120 True Blue Dr.	Dan	e: <u>3/26/09</u>	
	Directions to job site from Lillington: 401 towas	Pnone:919	1-039-2073	
	Hwy27, turn Left on Tingen Rd.	Subdivision	le, Turn Right	
	Tringen Ru.	Subdivision 0	n Lert	
	Subdivision: Pattons Point		_121	
=	Description of Proposed Work: Residential F	Lot:	3	
	Heated SF 1180 Unheated SF 529 Finished F	Pac Page 2	· · · · · · · · · · · · · · · · · · ·	
I	<u>General Contrac</u>	<u>ctor</u> information	Crawl Space M Slab	
PK CI	Stancil Buildors Inc	· 	173	
₫	- and my deminación a Company Name	Telephone		
	Addess/ / 466 Stancil Rd., Angier	, NC 27501	034533	
1	his his of the		License #	
	Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out seco	and page	
	Description of Work New Residential Service	it information		
	Stancil-Owen Electrical, Inc.	Size: <u>200</u> Amp	s TPole: yes/no	
	Company Name	919-639-20 Telephone	73	
	466 Stancil Rd., Angin No. 27	501	12075 7	
	Address NC 27		13075-L License #	
	Signature of Office of a Communication of the Commu			
	Signature of Officer(s) of Corporation Mechanical Pern	nit Information		
1	Description of Work <u>Residential</u>	<u>iic information</u>		
_	JC's Heating & Air	919-55	2 6250	
ľ	Mechanical Contractor's Company Name	Tolonhon		
7	1589 Wade Stephenson Rd., Folly S	Springs, NC	12655-H3	
ĺ	To the second		License #	
5	Signature of Office (s) of Corporation			
	Plumbing Permit	i (Oformation		
C	Description of Work Residential	# Bath	_	
5	Barnes Plumbing, Inc.	919-639		
P	lumbing Contractor's Company Name	Telephone	-0933	
Ā	PO Box 1207, Angier, NC 27501	P17	735	
	ZaR		License #	
Si	gnature of Officer(s) of Corporation			
Insulation Permit Information				
Insulating, Inc. 1212 Hora Ct. D				
1111	sulation Contractor's Company Name & Address	27603	Telephone	

Application #				
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)				
Do you own the land on which this building will be constructed? yes no				
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?				
3. Do you intend to directly control & supervise construction activities? yes no				
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?				
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?				
yesno				
I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Signalure of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
X General ContractorOwnerOfficer/Agent of the Contractor or Owner				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:				
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.				
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.				
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
Has no more than two (2) employees and no subcontractors.				
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.				
Company or Name: Stancil Builders, Int.				
Sign with Presidentiale: 3- d4-01				

Page 2 of 2

9/07

Plan Box Number AA-6

Job Name PATTONS
POINT TE

Required Inspections for SFA/SFD

Appl. # 08 500 19877 Valuation # 99, 666 Sq. Feet 1534

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
3 0-999	R* Elec. Under Slab
3 0-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
10	There Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Pouch Inc. Cook
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
50	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	- Lamoin t citiff